

Durham Care Line Limited

St Aiden's Cottage

Inspection report

St Aiden's Cottage, Auton Style
Bearpark
Durham
County Durham
DH7 7AA

Date of inspection visit:
31 July 2017

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 31 July 2017. The inspection was unannounced which meant the provider did not know we would be inspecting.

St Aiden's Cottage is a care home that provides accommodation for people who require personal or nursing care. The home is based in Bearpark, County Durham and provides care for older people with learning disabilities, people living with acquired brain injury or dementia. The home is registered to provide accommodation for up to 41 people. On the day of our inspection there were 32 people using the service.

The home had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are registered persons. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last visit to the service in November 2016, we found the service in breach of a number of regulations of the Health and Social Care Act 2014 and we rated the service as "Requires Improvement." On this visit we found the provider had fully met the regulations and the service is now rated as "Good."

Staffing levels had much improved and staff told us this now felt safe. We observed staff taking people out in the community and spending time chatting with people. Staff training in relation to supporting people who displayed behaviour that may challenge had been implemented and had a very positive impact. Staff told us they now understood better the reasons why people may become distressed and that systems were in place to support people and staff more effectively in these circumstances.

Accidents and incidents had been appropriately recorded and monitored and risk assessments were in place for people who used the service and staff.

We found safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show the service verified the conduct of prospective staff members.

On our last visit some staff and people had told us they did not always feel safe, but now everyone we spoke with said they felt safe. Staff and people were aware of procedures to follow if they observed or were aware of any concerns.

Appropriate systems were in place for the management of medicines so that people received their medicines as prescribed. Medicines were stored in a safe manner. People were also encouraged where possible to manage their medicines themselves with support from staff. The home was clean, spacious and suitable for the people who used the service. People were enabled to access the garden area. Improvements had been made since our last inspection in relation to putting in ensuite bathrooms, décor and furnishings.

Appropriate health and safety checks had been carried out on the building.

Staff were suitably trained and training was maintained so staff skills remained up to date. Staff now received regular supervisions and appraisals and told us they felt supported and were working as a team.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. Care records contained evidence of visits to and from external healthcare specialists to ensure people's physical health was supported.

Staff supported people who used the service with their social and emotional needs. We observed that all staff were very caring in their interactions with people at the service. People looked very comfortable with staff members. There was a warm and positive atmosphere in the service and people were very relaxed. We saw people being treated with dignity and respect and people told us that staff were kind and professional.

People who used the service and the family member we spoke with told us they were aware of how to make a complaint.

The service regularly used community services and facilities and had links with other local organisations. Staff told us they felt very supported by the registered manager and were comfortable raising any concerns. People who used the service, family members and staff were regularly consulted about the quality of the service. Staff and people told us the management were approachable, supportive and understanding.

The service had a comprehensive range of audits in place to check the quality and safety of the service and equipment at St Aiden's Cottage. Actions plans and lessons learnt were part of their on-going quality review of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staffing levels met the needs of people using the service and enabled people to access the community.

The environment was being refurbished with many areas improved in relation to communal areas and bedrooms.

Medicines were stored and administered safely.

Staff were recruited safely.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service was caring.

It was clear from our observations and from speaking with staff they had a good understanding of people's care and support needs.

Wherever possible, people were involved in making decisions about their care and independence was promoted. We saw people's privacy and dignity was respected by staff.

People had access to advocacy services and these were well utilised to help people make informed decisions.

Is the service responsive?

Good ●

This service was responsive.

People's care plans were relevant to their needs and reviewed regularly. The service had begun moving care plans to a more person centred format and this work was on-going.

The service provided a choice of activities based on individual choices.

There was a complaints procedure available that was well publicised around the service. People and staff stated the registered manager was approachable and would listen and act on any concerns.

Is the service well-led?

The service was well-led.

There were effective systems in place to monitor and improve the quality of the service provided. Accidents and incidents were monitored by the registered manager to ensure any trends were identified and lessons learnt.

Staff and people said they could raise any issues with the registered manager and staff told us morale was much improved.

People's views were sought regarding the running of the service and changes were made and fed-back to everyone receiving the service.

Good ●

St Aiden's Cottage

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 31 July 2017 and was unannounced. The inspection was undertaken by one inspector and an expert by experience. The expert by experience had knowledge and experience of living with someone with an autistic spectrum disorder.

Prior to our inspection, we checked all the information which we had received about the service including any notifications which the provider had sent us. Statutory notifications are notifications of deaths and other incidents that occur within the service, which when submitted enable the Commission to monitor any issues or areas of concern.

We contacted Durham local authority safeguarding and contracts and commissioning teams prior to our inspection. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. We used their feedback to inform the planning of this inspection.

The registered manager had completed a provider information return (PIR) prior to the inspection. A PIR is a form which asks the provider to give some key information about their service; how it is addressing the five questions and what improvements they plan to make.

During our inspection visit we spoke with eight people who used the service and we observed them to look happy and relaxed in staff presence and well cared for. We spoke with a visiting relative. We also spoke with the registered manager, the team leader, two care staff, the chef, the art therapist and the companies lead therapist who was visiting on the day. We also spoke with a visiting community psychiatric nurse who visited the service regularly. Following the inspection we spoke with two relatives of people who lived at the home.

We reviewed a range of documents and records including; five care records for people who used the service, medicine administration records, six records of staff employed at the home, accidents and incident records,

minutes of meetings, communication documents and a range of other quality audits and management records.

Is the service safe?

Our findings

We spoke with people who used the service and asked them if they felt safe. "Yes, I feel safe here", and another person told us, "The best thing about living at St Aiden's is having security." One relative we spoke with told us, "I feel comfortable with everything they do. I haven't seen anyone who doesn't care."

At our last inspection in November 2016 we found that there was not adequate staffing levels to meet people's needs and that people's healthcare needs were not always met.

At this inspection we spoke with people who used the service and asked them about the staff at the service and if they felt there were enough to support them safely. One person told us; "Yes, its loads better." A relative we spoke with who visited daily told us, "Without doubt there is enough staff."

A member of care staff told us that before the registered manager started working at the home in December 2016 there were times when she felt the situation was not safe, mainly because of a lack of staff. She said this had changed, there were always enough staff now and she felt everyone was now safe.

We made several observations where staff had time to talk and offer people reassurance. The atmosphere within the service was calm and care felt unhurried. One person told us they sometimes didn't feel safe using their 'standing aid' as it felt wobbly. We observed a staff member talking to them about this, reassuring them and reminding them it was a new piece of equipment with a different design to the old one which was broken and so would feel different. One person told us that staff do what they say they are going to do and if they asked for help in some way, they would give it or ask if they could wait a few minutes until they had finished what they were doing.

On the day of our inspection there were eleven members of staff on duty along with a team leader and nurse as well as the registered manager. We saw rotas that showed this staffing level was maintained. The service was still utilising agency staff but we saw these staff members were generally used consistently so they were able to build relationships with people. The registered manager told us, "Nurses here were a massive issue when I arrived. I now have one new nurse starting in August and two other staff who are working as senior carers until their nursing registration confirmation is received. We are in a much better place."

We were also told how the service was now better managing the support of people who may display behaviour that challenged. We saw that staff had received training in Positive Behaviour Support [PBS] and the service now held regular 'formulation' meetings with the whole care team about how to best to support people. One staff member said, "I now understand, because of the PBS training, that if people display challenging behaviour it is because they are frustrated, distressed and this is caused by their dementia or disease whereas before staff just thought people were being difficult."

The team leader told us that PBS was now being used to support distressed people and diffuse situations quickly and that although staff were trained if they needed to physically intervene with people, they were not having to use this very often. They also told us that staff were supported with a debrief meeting if they

have had to deal with a tricky or violent situation and get the chance to discuss what happened and go over what could be handled differently or better next time.

We observed a situation where a member of staff responded very quickly to what they considered a potentially risky situation. A person with dementia was trying to push another person in their wheelchair. The staff member clearly asked the person to stop and to let go. She then quickly distracted him and supported him to move to another part of the service.

We looked at the recruitment records for five members of staff and saw that appropriate checks had been undertaken before staff began working at the service. Disclosure and Barring Service (DBS) checks were carried out and at least two written references were obtained, including one from the staff member's previous employer, before staff started working in the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults. Proof of identity was obtained from each member of staff, including copies of passports, driving licences and birth certificates. We also saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained.

The service had recently moved to an electronic system for managing the administration of medicines called WellPad. As senior care staff told us the medication process was much safer since the introduction of the WellPad system which tracked everything and advised staff for example if they were giving medicines too early. It also meant that the medication stock now only needed manually checking once a week, which meant more time could be spent with the people using the service. We saw all medicines were stored securely. Medicines that were liable to misuse, called controlled drugs, were stored appropriately. Additional records were kept of the usage of controlled drugs so as to readily detect any loss. Medicine storage was neat and tidy which made it easy to find people's medicines. Room and refrigerator temperatures were monitored daily to ensure that medicines were stored within the recommended temperature ranges.

Systems were in place to ensure that the medicines had been ordered, stored, administered, audited and reviewed appropriately. The nurse checked people's medicines on the medicines administration record [MAR] and medicine label with an electronic reader, prior to supporting them, to ensure they were getting the correct medicines. A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. We saw there were safe systems to support some people to manage their own medicine administration which showed the service was supporting people to become more independent.

We saw written guidance kept with the medicines administration records [MAR] charts, for the use of "when required" [PRN] medicines, and when and how these medicines should be administered to people who needed them, such as for pain relief or agitation.

We saw evidence of topical medicines application [medicines applied to the skin] which included instructions for use, the associated body maps and the expiry date information. The team leader showed us medication audits which were undertaken on a weekly basis, to check that medicines were being administered safely and appropriately. This meant appropriate arrangements were in place for the administration and storage of medicines.

Hot water temperature checks had been carried out for all rooms and bathrooms and were within the 44

degrees maximum recommended in the Health and Safety Executive [HSE] guidance Health and Safety in Care Homes [2014].

Portable Appliance Testing [PAT], gas servicing and electrical installation servicing records were all up to date. Risks to people's safety in the event of a fire had been identified and managed, for example, fire risk assessments were in place, fire drills took place regularly, fire doors were closed and not propped open and fire extinguisher checks were up to date.

The service had an emergency and a contingency plan and Personal Emergency Evacuation Plans [PEEPs] were in place for people who used the service. These had been updated following recent building renovation works. This meant that checks were carried out to ensure that people who used the service were in a safe environment.

Is the service effective?

Our findings

All the staff we spoke to had a good knowledge of the people they were supporting, their needs and backgrounds. During our inspection we asked people who used the service about the staff and they told us; "Staff all seem to know what they are doing," and "It's fantastic here, the staff are brilliant ,brilliant, they make you feel at home," and one relative said, "Everyone is really approachable and I know that [my relative's] personal care is always done and I know this isn't easy for the staff."

Staff we spoke with during the inspection told us they felt well supported and that they had received supervision. On our last comprehensive inspection visit in November 2016, not all staff had received regular supervision but on this visit we saw a planner was in place and staff supervisions had taken place regularly. Supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and supervision in the workplace. All staff we spoke with said they felt supported by the registered manager and management team. We saw records to confirm that staff had received an annual appraisal. We saw the supervision process reviewed staff achievements, problems, actions, objectives and training in relation to their roles and both the registered manager and staff member showed considerable involvement in the process.

Staff members were aware of their roles and responsibilities and had the skills, knowledge and experience to support people who used the service. Staff members we spoke with told us they received 'mandatory' training and other training specific to their role. Mandatory training is training that the provider thinks is necessary to support people safely. This included: food hygiene, fire awareness, infection control, manual handling, medication administration, safeguarding and first aid. Staff had received training specific to the needs of the people they supported and feedback about this had been excellent. One member of staff told us they had been made a senior two months ago and that they really enjoyed their job and was learning every day.

The team leader explained the service's decision to get the staff working throughout the three areas within the home to ensure staff were versatile and constantly learning and also as a way of ensuring staff did not get fatigued from having to deal with potentially difficult situations every day. He said to give people who live at St Aiden's Cottage some consistency they had introduced the keyworker system.

We saw people were encouraged to eat and drink sufficient amounts to meet their needs. Throughout the inspection we observed people being offered drinks. Staff told us there was always a choice at meal times and that people tended to eat together round the table in their unit unless they had chosen to eat in their own room. Some people had specific dietary requirements and a senior staff member mentioned this and told us how they had arranged for meal times to be changed to give the people who needed more support the time.

We asked people about the food at St Aiden's Cottage. One person said they didn't like it but then told us about their breakfast, a Sunday dinner and a buffet tea that they had enjoyed. They told us they always had an apple at breakfast time as they liked to eat fruit. Another person told us the food was good.

We could see that people with special dietary requirements were catered for. When we looked in the kitchen we could see that people who were supported by the speech and language therapy team had their food prepared as required. Guidance about people's individual food and nutritional needs was in the kitchen for staff to see.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff were able to tell us who was subject to a DoLS authorisation to keep them safe. People did not require DoLS told us they were able to come and go from the home whenever they wanted. We observed some people left the home to go for walks or to pop to the shops.

People were offered choice throughout the day. Where people did not have the capacity to make certain choices, for example covert medicines, personal hygiene etc. we saw care plans were specific and care staff we spoke with were clear that whilst people were unable to make certain choices, that others such as what people would like to eat or to wear were promoted.

We saw records that showed us that community professionals were involved in the care and treatment of the people who used the service, such as social work team, occupational therapy and the speech and language therapy team. We met with a community psychiatric nurse who told us they were, "absolutely delighted" with the care and support provided to six people they oversaw at the service. They told us they felt the team leader was "very capable" and the service managed people's very complex needs "really well."

Everyone was registered with a local GP practice and we saw from care records that people's healthcare needs were well assessed and reviewed. Staff all told us they felt people were supported to stay healthy.

Is the service caring?

Our findings

We spent time observing interactions between people who used the service and the staff. We found there was a genuine rapport with people and we saw staff interacting with people in a positive and caring way. We observed staff treating people kindly and with respect.

We observed a person living with dementia and who wanted to walk up and down constantly being supported by staff to do this and them chatting to him as they walked. We also observed another person who had only been at St Aiden's Cottage for one week. They were very confused and their conversation was difficult to follow. A member of staff spent at least 15 minutes just talking with them and picking out the bits of the conversation they could make sense of, so they could talk with this person. They reassured them a number of times when they seemed worried and clearly knew information about their background which they shared with us to include us in the conversation. Another person was introduced to us and the member of staff explained to them why we were there and told us that they liked music and dancing.

We asked people if they were supported to make choices and we found that people who used the service were encouraged to make choices. One person told us they go to bed and get up when they wanted and that they had a buzzer to let staff know when they were awake.

The provider's values had obviously been discussed with some of the people living at St Aiden's Cottage as they had been involved in making an art display to show the service values.

A member of staff pointed out a beautifully planted border outside the window and explained that this had been planted by someone living at St Aiden's Cottage who used to be a gardener. She asked if we would like to meet them. This person was in the art room and showed us lots of the pictures they had drawn. They told us about their difficult life previously but that they were, "getting better with support from this place" and that doing art had really helped their recovery. There was obvious affection for the art therapist (who worked three days a week) who has helped them and they said they had also helped him with the gardening and they had got the art therapist to do the weeding.

At the time of our inspection some people who used the service had an advocate in place to support them with important decisions and for exercising their rights. The registered manager knew who had current advocacy involvement and knew where to source this from. When we asked staff members about advocacy they were also knowledgeable and knew who to make contact with to organise if needed.

A member of staff told us that people's care plans were very individual and that where possible people were involved in making decisions about their care. She told me that when people's care managers or DOLs assessors visited staff always give them some time alone so they could talk privately about any concerns. We also observed a female member of staff find a male member of staff to support a gentleman who said he would like a shave. This showed people's privacy and dignity was respected.

We saw that people who used the service who were able to were supported to access kitchen facilities

independently to prepare their own drinks and snacks. There was a weekly Breakfast Club, where people were supported by kitchen staff to make their own hot breakfast and several people we spoke with told us how much they enjoyed this session.

One person told us, "The support you get here is amazing." They told us how well they had been supported to learn to transfer independently from their wheelchair as previously they had to be supported with a hoist. This meant that people were supported to maintain their independence where it was possible.

Is the service responsive?

Our findings

On our last visit to the service in November 2016, we saw that person centred care plans were not fully in place for people and that a lack of staffing meant activities did not always take place and people felt socially isolated.

On this visit we saw that staffing levels had increased which meant people could access the community more and there was a clear commitment to supporting people's skills development and promoting their independence. Three members of staff mentioned the new therapy assistant role to us, who had been appointed and was due to start at the service. The visiting lead therapist explained to us what this person's role would be and said the aim was to give a level of consistency whilst embedding activities into people's care plans which will then be handed over to care staff to manage daily.

One senior member of staff told us that the registered manager 'solving the staffing problem' had meant more people could now be supported to go out on activities. She gave an example that was happening that day of two people being supported by two staff to go out for lunch and then to do some shopping for personal items.

We observed a real sense of camaraderie in the art room, people helping each other and enjoying each other's company. We observed that the art sessions were as much about talking to people and helping them to deal with their issues as about the art. One person told us they were shortly moving to a new home where they could be more independent. The registered manager told us they had offered this person paid employment to return to the service to share their enthusiasm and skills in the art room. Whilst in the art room we observed a conversation between a person and the lead therapist who was visiting that day. She clearly knew people very well. The person had written down their feelings and some information about their life and asked her to read it, which she was doing. They then talked about the progress they had made but how it was clear from what they had written that they were ready to start thinking about doing more things again. The therapist said she would organise a meeting so they could plan how to take this forward. She also talked about the possibility of getting this person together with other people who are interested in their hobby but live at different homes run by the company. This showed how the service was now working to support people's development and to increase their social and emotional support.

We met one person who told us they like knitting and showed us their knitting bag and the big pile of knitting they had previously done. Another person told us like to go out for walks to the local park and to the village pub. They told us that staff do the cooking but that they were now taking part in Breakfast Club once a week when they were supported to make their own breakfast.

We looked at the care records of five people who used the service. We discussed with the team leader and registered manager that several people were on a new care plan format that was very person centred and included lots of detail about people's lives, preferences and how they wanted to be supported. The service was working towards all care plans being of this standard and we discussed how this work could not be rushed and that there was plan for all care documents to be in the new format over the next few months. We

saw older plans which were much more task and focussed on people's healthcare needs rather than their holistic needs and lacked goals and aspirations.

Regular reviews of people's care plans had taken place. These reviews included a meeting which had been attended by relatives, care staff and people's care co-ordinators. One social worker involved in a recent review told us, "The review process was very well organised and enabled an accurate and informative picture of my client. It could be seen that the care placement was providing an excellent level of care and support and a very holistic approach to my client."

We saw staff write down the support provided to people each day in the 'daily records.' The daily records we looked at were very detailed and were used to monitor any changes in people's care and welfare needs. We also saw there was a daily handover of information between staff each day. This meant the service was able to identify changes and respond to those changes promptly. Various members of staff told us about the regular 'Formulation' meetings they attend to discuss specific individuals and how best to support them. The team leader told us that all staff were involved in these meetings as it had been recognised that the care staff often had the most knowledge and insight into what was happening with people and the support they need. They explained this has also led to the setting up of a key worker system for each person living at St Aiden's Cottage. We saw each person had a key worker whose role it was to work alongside each person and their named nurse. Key workers played an important role in people's lives. They provided one to one support, supported people with shopping and activities and made links with their families and friends.

We checked complaints records on the day of the inspection. This showed that procedures had been followed when complaints had been made. People and relatives we spoke with said that they would talk to the registered manager or staff if they were unhappy or had any concerns.

Is the service well-led?

Our findings

One staff member said "[Name] the new manager had challenged us on everything and that's been really good. The staff relationships and morale has improved no end." One relative we spoke with told us, "I have found that other homes prioritise written work over spending time with people but not here, everything is spot on."

At our previous inspection in November 2016 we found that incident and accident audits had not been carried out and other quality audits did not have a clear plan of actions to demonstrate improvement work had been undertaken in a timely way. We saw there were now management systems in place to ensure the home was well-led.

The home had a manager who was registered with the Care Quality Commission and they were supported by a regional team from the provider. The team leader said that before they came to the service six months ago, they had read the previous CQC inspection report and known there was a lot of work to do to improve the service. They told us staff were responding well to the changes and that attitudes had changed particularly from the use of Positive Behaviour Support. They told us they had learnt a great deal from the staff about the people who live at St Aiden's Cottage and that they were clearly a very caring team. They told us how much they were enjoying working at the service and that staff culture had changed for the better. One staff member told us the registered manager clearly told all staff that if they were having a break and cuppa whilst on shift they were expected to have it with people who used the service and that she has challenged people if they were not doing this. We were told that previously staff often sat separately.

During the inspection we saw the registered manager was active in the day to day running of the home. We saw they interacted and supported people who lived at St Aiden's Cottage. From our conversations with the registered manager it was clear they knew the needs of the people who lived at the service very well. For example, one person who lived with dementia would regularly come into the manager's office and chat and re-arrange items on the desk. The manager let them do this without issue and we saw the person remained relaxed and comfortable. We observed the interaction of staff and saw they worked as a team. For example, we saw staff communicated well with each other and organised their time to meet people's needs. One staff member told us that although they initially struggled with the changes implemented by the registered manager, they were now happy to see them working, they felt they were respected and received acknowledgement for their skills and work. Another member of staff said that in the past there was a lack of leadership and that staff decided what they were doing each day which meant some staff members were always left to do particular tasks and other staff became complacent. She said the new manager and team leader had changed all this for the better. They said both staff and people were happy with the changes.

The staff we spoke with were complimentary of the management team. They told us they would have no hesitation in approaching the registered manager or team leader if they had any concerns. They told us they felt supported and they had regular supervisions and team meetings where they had the opportunity to reflect upon their practice and discuss the needs of the service users they supported. One staff member told us that the new system of regular supervision has been useful and also the introduction of senior staff

meetings as well as whole team meetings. They told us a suggestion they made about changing the way observations were recorded and the timing of nightly checks on people had been listened to and implemented and this was benefiting everyone. They said, "There are lots of positives at the moment."

We saw the registered manager had in place arrangements to enable service users, their representatives, staff and other stakeholders to affect the way the service was delivered. For example, we saw service users were asked for their views in meetings or via 1:1 discussions if they preferred and also by completing service user surveys. We saw these meetings had dropped off in 2017 and the registered manager stated they were committed to ensuring they sought people's views and involvement in whatever way they could. The registered manager told us there was a people's parliament run by the provider where service users were offered the opportunity to attend meetings to discuss issues which were important to them.

We saw there were a variety of quality assurance systems in place. We saw the registered manager sought improvements to the service to reduce the risks to people. We looked at a sample of incident reports and saw that an analysis was completed by senior staff following each incident and any actions to prevent a re-occurrence recorded. For example, there had been a fire incident with a microwave in the kitchen. The service followed the correct fire procedure and evacuation but afterwards had reviewed the fire risk assessment and sought specialist advice to ensure the service was as safe as possible.

We saw the registered manager completed a 'periodic service review' each week and reported her findings directly head office. She told us this helped track the service's action plan that they had been working on since our last inspection visit and there was now a robust audit programme in place with clear actions, to whom it was allocated and deadlines for completion.

People told us they visited a local community centre on a Thursday as there was a coffee morning held and they go at the end of it for a cake. The service had also arranged for the local church to come in and sing hymns and people visited the local garden and the local pub where the people went for lunch.

We saw there was now a positive culture within St Aiden's Cottage. Staff were led by a registered manager who understood the importance of treating people as individuals where people's independence was supported and promoted. Our observations showed the registered manager put these principles of care into practice when supporting service users, providing a strong role model for staff to follow. One member of staff told us the best thing about their job was the sense of achievement. They stated, "When one of the residents does something well or something they haven't done before, I go home and think I did a good job today."